20-7-01-12-08-00-M0092

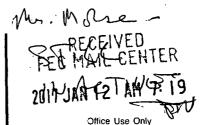
FEC FORM 3X

Office

Use

Only

REPORT OF RECEIPTS AND DISBURSEMENTS



FEC FORM 3X

Rev. 05/2016

FORM 3X	For Other Than A	n Authorized Committe	ee	Office U	se Only
1. NAME OF COMMITTEE (in fu	TYPE OR PRINT ▼	Example: If typin over the lines.	ng, type	12FE4M5	
ADDRESS (number and Check if differ than previousl reported. (ACC	ent Sullell y c) WASHINI TION NUMBER ▼	CITY A 3. IS THIS			ZIP CODE A
July 15 Quarterly October 1 Quarterly January 3 Year-End July 31 M Report (N Year Only	Report Due On: Report (Q1) Report (Q2) Report (Q2) Report (Q3) Report (Q3) Report (YE) Aid-Year Non-election Report (Q1) (C) 12-Day PRE-Election (d) 30-Day	Mar 20 (M3) Apr 20 (M4) Primary (12 ction or the: Convention Election on General (30	(12C)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S) Runoff (30R)	Dec 20 (M12) (Non-Election Year Only)
5. Covering Period I certify that I have ex Type or Print Name of	ramined this Report and to the	through best of my knowledge and VISSE	d belief it is tru	ue, correct and comp	D /6
Signature of Treasure	Robert	P Visses	(Date O	2.17
NOTE: Submission of f	alse, erroneous, or incomplete i	nformation may subject the n	erson sianina t	his Report to the pena	alties of 52 U.S.C. & 30109

0-1-12-0M:00-M000M

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name Report Covering the Period: From: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand January 1, (b) Cash on Hand at Beginning of Reporting Period..... Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 7. Total Disbursements (from Line 31)......... Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

20-7 OL TY ON OCHOOOS

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)		Page 3
Write or Type Committee Name	·	
LEV States		
Report Covering the Period: From:	0 0 1 20 16 To	12 7/ 20/6
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))20. Total Federal Receipts		6.00
(subtract Line 18(c) from Line 19)▶		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

	II. Disbursements	COLUMN A	COLUMN B
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	Total This Period	Calendar Year-to-Date
	(i) Federal Share	Landson Donald and Minds of the American	
	(ii) Non-Federal Share		
	(b) Other Federal Operating		
	Expenditures		
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶		900
	Transfers to Affiliated/Other Party		
	Contributions to		
	Federal Candidates/Committees and Other Political Committees		
24.	Independent Expenditures		
25	(use Schedule E)	R R OTT N R STA C	4 H 410 X C 470 X (470 G
_0.	(52 U.S.C. § 30116(d)) (use Schedule F)		
	(use Schedule F)		
26	Loan Repayments Made		
27.	Loans Made		
28.	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees		
	4.5 5 4.7 5 4.7		
	(b) Political Party Committees		
	(c) Other Political Committees (such as PACs)		hander the state of the state o
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))		hammet and the section of the sectio
	(466 20(4), (5), 416 (5),		
29.	Other Disbursements (Including		
	Non-Federal Donations)		0-
30	Federal Election Activity (52 U.S.C. § 30101(20))	
00.	(a) Allocated Federal Election Activity	20))	
	(from Schedule H6)		
	(i) Federal Share		
		220	
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid		
	Entirely With Federal Funds		
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
	Lines So(a)(ii) and So(b))		
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c)).	000	90%
32.	Total Federal Disbursements	and the second s	Commence of the control of the contr
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		•, •
	from Line 31)		
•			
			•

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)		· · · · · · · · · · · · · · · · · · ·	Page 5
	III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) (from Line 11(d), page 3)		
34.	Total Contribution Refunds (from Line 28(d))		
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)		
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶		90%
37.	Offsets to Operating Expenditures (from Line 15, page 3)		
38.	Net Operating Expenditures (subtract Line 37 from Line 36)		500

	MIZED RECEIPTS	l Use		FOR LINE NUMBER: PAGE OF (check only one)
Any	information copied from such Reports and S	Statements m	ay not be sold or used by any ne	erson for the purpose of soliciting contributions
				to solicit contributions from such committee.
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	AME OF COMMITTEE (In Full) RISV State-	<u></u>		
	ull Name of Individual (Last, First, Middle In	itial) or Full C	Organization Name	Date of Bossint
A. _	Mailing Address			Date of Receipt
	City	State	Zip Code	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C.		
	lame of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
Ē	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼	
В.	Full Name of Individual (Last, First, Middle In	nitial) or Full (Organization Name	Date of Receipt
_	Mailing Address Dity	State	Zip Code	M-M / D / Y - Y - Y - Y - Y - Y - Y - Y - Y - Y
	·	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		
_	Name of Employer (for Individual)	Od	cupation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify) ▼	100	e Year-to-Date ▼	
C.	Full Name of Individual (Last, First, Middle I	nitial) or Full	Organization Name	Date of Receipt
	Mailing Address	\		MUM) / DOD / YOVEVEY
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	man a grace of management management of mana	
	Name of Employer (for Individual)	Oc	ccupation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify)	District Control	te Year-to-Date ▼	
s	UBTOTAL of Receipts This Page (optional).			
To	OTAL This Period (last page this line number	er only)	\	

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Senate

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

State:

President

Primary

Other (specify) ▼

General

SCHEDULE B (FEC Form 3X) PAGE OF FOR LINE NUMBER: Use separate schedule(s) ITEMIZED DISBURSEMENTS (check only one) for each category of the 21b 22 23 26 27 Detailed Summary Page 28a 28b 28c 29 30b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) A. Date of Disbursement Mailing Address City State Zip Code FEC Identification Number Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: Disbursement For: Senate **Primary** General President Other (specify) Memo Item Full Name (Last, First, Middle Initial) В. Date of Disbursemen Mailing Address City State Zip Code FEC Identification Nu lmber Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) Memo Item State: District: Full Name (Last, First, Middle Initial) C. Date of Disbursement Mailing Address City Zip Code State FEC Identification Number Purpose of Disbursement Candidate Name Category/ Amount of Each Disbursement this Period Type Office Sought: House Disbursement For:

Memo Item

HEDULE C (FEC	Form 3X)			
ANS	•		Use separate schedu for each category of Detailed Summary Pa	the
IE OF COMMITTEE (In I	=ull)			
	States			
LOAN SOURCE Full Na	ıme (Last, First, Mide	dle Initial)	☐ Memo Ite	1 7 3
			4	Primary General
Mailing Address		 		Other (specify) ▼
City		State ZIP	Code	
Original Amount of Loan	 _	Cumulative Paymen	t To Date B	dalance Outstanding at Close of This Per
rerms		Process Decree Control / control Deposit		
List All Endorsers or G Full Name (Last, First	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	Loan Source	Name of Emproyer	% (apr) Yes
				·
Mailing Address			Occupation	
City	State	ZIP Code	Guaranteed	
2. Full Name (Last, First	, Middle Initial)		Name of Employer	
Mailing Address	 		Occupation	
City	State	ZIP Code	Guaranteed	
3. Full Name (Last, First	t, Middle Initial)		Name of Employer	
Mailing Address			Occupation	·
City	State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, Firs	t, Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Guaranteed	
UBTOTALS This Period	This Page (optional)			
OTALS This Period (last	page in this line only	y)	· • • • • • • • • • • • • • • • • • • •	
arry outstanding balance	only to LINE 3, Sci	nedule D, for this lir	ne. If no Schedule D, carry	forward to appropriate line of Summa

AUTHORIZED REPRESENTATIVE

Typed Name Signature

ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMB
	C 5056680.
Key States	01 093 69 00
NDING INSTITUTION (LENDER)	Amount of Loan Interest Rate (APR)
II Name	
	Laboration Laborated %
ailing Address	محممعه ۱ معما ۱ تتعظا
	Date Incurred or Established
State Zip Code	Date Due
A. Has loan been restructured? \ \ \ No \ \ Ye	es If yes, date originally incurred
B. If line of credit,	Total
Amount of this Draw:	Outstanding Balance:
C. Are other parties secondarily liable or the de	Balance:
C. Are other parties secondarily liable for the de No Yes (Endorsers and guara D. Are any of the following pledged as opliateral property, goods, negotiable instruments, certif	Balance: Bebt incurred? antors must be reported on Schedule C.) I for the loan: real estate, personal ficates of deposit, chattel papers,
C. Are other parties secondarily liable for the de No Yes (Endorsers and guara D. Are any of the following pledged as opliateral	Balance: Bebt incurred? antors must be reported on Schedule C.) I for the loan: real estate, personal ficates of deposit, chattel papers,
C. Are other parties secondarily liable for the de No Yes (Endorsers and guara D. Are any of the following pledged as collateral property, goods, negotiable instruments, certif stocks, accounts receivable, cash on deposit,	Balance: Balanc
C. Are other parties secondarily liable for the de No Yes (Endorsers and guarant D. Are any of the following pledged as collateral property, goods, negotiable instruments, certifications, accounts receivable, cash on deposit, No Yes If yes, specify:	Balance: Balanc
C. Are other parties secondarily liable for the de No Yes (Endorsers and guara D. Are any of the following pledged as collateral property, goods, negotiable instruments, certif stocks, accounts receivable, cash on deposit,	Balance: Balanc
C. Are other parties secondarily liable for the de No Yes (Endorsers and guarant D. Are any of the following pledged as collateral property, goods, negotiable instruments, certifications, accounts receivable, cash on deposit, No Yes If yes, specify: E. Are any future contributions or future receipted.	Balance: Balanc
C. Are other parties secondarily liable for the de No Yes (Endorsers and guarant D. Are any of the following pledged as collateral property, goods, negotiable instruments, certifications, accounts receivable, cash on deposit, No Yes If yes, specify: E. Are any future contributions or future receipted.	Balance: antors must be reported on Schedule C.) If for the loan: real estate, personal ficates of deposit, chattel papers, or other similar traditional collateral? Does the lender have a perfected sec interest in it? No Yes If yes, specify: What is the value of this collateral? What is the value of this collateral? What is the estimated value?
C. Are other parties secondarily liable for the de No Yes (Endorsers and guara D. Are any of the following pledged as collateral property, goods, negotiable instruments, certif stocks, accounts receivable, cash on deposit, No Yes If yes, specify: E. Are any future contributions or future receips collateral for the loan? No Yes A depository account must be established put	Balance: Balanc
C. Are other parties secondarily liable for the de No Yes (Endorsers and guara D. Are any of the following pledged as collateral property, goods, negotiable instruments, certif stocks, accounts receivable, cash on deposit, No Yes If yes, specify: E. Are any future contributions or future receips collateral for the loan? No Yes A depository account must be established put to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:	Balance: Balanc
C. Are other parties secondarily liable for the de No Yes (Endorsers and guara D. Are any of the following pledged as collateral property, goods, negotiable instruments, certif stocks, accounts receivable, cash on deposit, No Yes If yes, specify: E. Are any future contributions or future receipe collateral for the loan? No Yes A depository account must be established put to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:	Balance: Balanc
C. Are other parties secondarily liable for the de No Yes (Endorsers and guara D. Are any of the following pledged as collateral property, goods, negotiable instruments, certif stocks, accounts receivable, cash on deposit, No Yes If yes, specify: E. Are any future contributions or future receipe collateral for the loan? No Yes A depository account must be established put to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:	Balance: Bebt incurred? What is the value of this collateral? Bebt incurred? What is the value of this collateral? Does the lender have a perfected sectint interest in it? Bebt incurred? What is the value of this collateral? Does the lender have a perfected sectint interest in it? No
C. Are other parties secondarily liable for the de No Yes (Endorsers and guara D. Are any of the following pledged as collateral property, goods, negotiable instruments, certif stocks, accounts receivable, cash on deposit, No Yes If yes, specify: E. Are any future contributions or future receipe collateral for the loan? No Yes A depository account must be established put to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: F. If neither of the types of collateral described the loan amount, state the basis upon which	Balance: Balanc

The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other barrowers of comparable credit worthiness.

This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

Title

SCHEDULE D (FEC Form 3X)			(Use s	(Use separate PAGE OF			
DEBTS AND OBLIGATIONS			sche	dule(s)	FOR LINE NUMBER:		
Excluding Loans			1	each red line)	(check only one) 9		
NAME OF COMMITTEE (In Full)			<u> </u>				
Key States		•					
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		1	Nature of D	ebt (Purpose):		
Mailing Address					·		
City	State	Zip Code					
				·			
Outstanding Balance Beginning This Period							
Amount Incurred This Period		ment This Period		Outstandi	ng Balance at Close of This Period		
		x.Committees after a factor of the second					
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			Nature of E	Debt (Purpose):		
					•		
Mailing Address							
City	State	Zip Code					
<u> </u>							
Outstanding Balance Beginning This Period							
Amount Incurred This Period		yment This Period	harm Cameral		ing Balance at Close of This Period		
		A 12 1 5 5					
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			Nature of I	Debt (Purpose):		
	\		l				
Mailing Address		•			,		
City State Zip Code					•		
Outstanding Balance Beginning This Period							
	\		-		•		
Amount Incurred This Period	\ _{Pa}	lyment This Period		Outstand	ling Balance at Close of This Period		
			- Constitution of the Cons				
				I.			
4) 010707110 7110				Sur-co-Gunna			
1) SUBTOTALS This Period This Page (optional)			······ >				
2) TOTALS This Period (last page this line number	only)						
3) TOTAL OUTSTANDING LOANS from Schedule C (Mast page only)							
4) ADD 2) and 3) and carry forward to appropriate	line of Summ	ary Page (last page	only) 🕨				

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES		PAGE OF FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
KEY States		C UD \$ 66.80.2
Check if 24-hour report 48-hour report New re	port Amends repo	ort filed on M M / D O /
Full Name of Payee	☐ Memo	Item Date of Public Distribution/Dissemination
Mailing Address		Amount
City State	Zip Code	
Purpose of Expenditure	Category/	Date of Disbursement or Obligation
Name of Federal Candidate:	Support	Office Sought: House District:
Calendar Year-To-Date	Oppose	President Senate State: Disbursement For: Primary General
Per Election for Office Sought		Other (specify) ▶
Full Name of Payee	☐ Memo	Item Date of Public Distribution/Dissemination
Mailing Address		Amount
City	Zip Code	
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate:	Support Oppose	Office Sought: House District: President Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		•
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditur with, or at the request or suggestion of, any candidate or authoriz party committee) any political party committee or its agent.	res reported herein wer zed committee or agent	e not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
	Da	te
Signature		

SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

(To be used on	y by Political Committees in the Gene	ral Election)	FOR LINE 25 OF FORM 3X
ME OF COMMITTEE (In Full)			
Ksy States			
s your committee been designated to make	Full Name of Subordinate Committee		
ordinated expenditures by a political party committee? YES NO			
YES, name the designating committee:	Mailing Address		
. /)			
MIH	City	State	ZIP Code
Full Name (Last, First, Middle Initial) of Each Payee	☐ Memo Item	Purpose of Exper	nditure Category/
Mailing Address		Date	Туре
City	e Zip Code	A - M - / 8'	*6 / ******
Name of Federal Candidate Supported Office Sou	ght: House State:	Amount	Manyal Base Contribute Consul
	Senate District:	Amount	
\.	Presidential		
Aggregate General Election Expenditure for this Candidate			
Full Name (Last, First, Middle Initial) of Each Payer	Memo Item	Purpose of Expe	nditure
Mailing Address			Category/ Type
Mailing Address	\	Date	Турс
City Sta	Zip Code	A H / D	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Name of Federal Candidate Supported Office Sol	ght: House State:	Amount	
	Presidential	1	
Aggregate General Election Expenditure for this Candidate ▶			
Full Name (Last, First, Middle Initial) of Each Paye	e Memo Item	Purpose of Expe	enditure
			Category/
Mailing Address	,	Date	Туре
City	te Zip Code	M M /	/ / / / / / / / / / / / / / / / / / / /
Name of Federal Candidate Supported Office So	ught: House State:	Amount	
	Senate District:	Amount	
	Presidential		
Aggregate General Election Expenditure for this Candidate ▶			
SUBTOTAL of Evennditures This Dans (s			
SUBTOTAL of Expenditures This Page (aptional)			
TOTAL This Period (last page this line number only)	<u>(</u>		

PAGE

OF

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)
Key States
USE ONLY ONE SECTION, A or B
A. State and Local Party Committees
Fixed Percentage (select one)
Presidential-Only Election Year (26% Federal)
Presidential and Senate Election Year (36% Federal)
Senate-Only Election Year (21% Federal)
Non-Presidential and Non-Senate Election Year (15% Federal)
B. Separate Segregated Funds and Nonconnected Committees
Indicate ratio below
Federal%
Nonfederal %
This ratio applies to (check all that apply):
Administrative Generic Voter Drive Public Communications Referencing Party Only

CHEDULE H2 (FEC Form 3X) LLOCATION RATIOS		PAGE OF
IAME OF COMMITTEE (In Full)		<u> </u>
KEY STATES		
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE	SUPPORT	
CTIVITIES APPEARING ON THIS REPORT.		
Methods of allocation:	89 la	
 FUNDRAISING activities are allocated using the "funds received method expenses must equal the federal proportion of monies raised. 	" wnere the federal pro	portion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according where the federal proportion of disbursements is based on the benefit divity. For PACs Only: Direct candidate support includes public communifiederal and nonfederal candidates, regardless of whether there is a reference are allocated using a time/space method.	erived by federal candi ications or voter drives	dates from the ac- that refer to both
ACTIVITY OR EVENT IDENTIFIER	5505011.0/	NONEEDED 41 0/
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support	%	% · · · · · · · · · · · · · · · · · · ·
CHECK IF THE RATIO IS: New Revised Same as Previously Reported		
Tievised Same as Freviously Reported		
ACTIVITY OR EVENT IDENTIFIER	EEDEDAL W	NONEEDEDAL O
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support	%	%
CHECK IF THE RATIO IS: New Revised Same as Previously Reported		
Jame as Freviously Reported		
ACTIVITY OR EVENT IDENTIFIER .	SEDERAL OF	NONEEDEDAL 0/
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support	%	%
CHECK IF THE RATIO IS: New Revised Same as Previously Reported		
Same as Freviously Reported		
ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support	%	%
CHECK IF THE RATIO IS:		
New Revised Same as Previously Reported		:
ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support	%	%
CHECK IF THE RATIO IS:		
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER		_
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support	%	%
CHECK IF THE RATIO IS:		
New Revised Same as Previously Reported		1

SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE	OF
FOR LINE	18a OF FORM 3X

NAME OF COMMITTEE (In Full)
KEY STETES
NAME OF ACCOUNT DATE OF RECEIPT TOTAL AMOUNT TRANSFERRED
NA III
BREAKDOWN OF TRANSFER RECEIVED
i) Total Administrative
il) Generic Voter Drive
iii) Exempt Activities
iv) Direct Fundraising (List Activity or Event Identifier)
- Contraction of south and
a)
b)
c) Total Amount Transferred For Direct Fundraising
v) Direct Candidate Support (List Activity or Event dentifier)
a)
b)
c) Total Amount Transferred For Direct Candidate Support
I manufacture in the second in
vi) Public Communications Referring Only to Party (Made by PAC)
TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED
TOTAL This Period (Administrative)
TOTAL This Period (Generic Voter Drive)
TOTAL This Period (Exempt Activities)
TOTAL This Period (Direct Fundraising)
TOTAL This Period (Direct Candidate Support)
TOTAL This Period (Public Communications Referring Only to Party)
TOTAL This Period (Total Amount Transferred)

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SCHEDULE H4 (FEC Form 3X)

	SBURSEMENTS FOR ALLOCA DERAL/NONFEDERAL ACTIVI				PAGE OF
_	ME OF COMMITTEE (In Full)				FOR LINE 21a OF FORM 3X
	KUY STATUS				Allegated Activity or Events
۱.	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event: Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:			Category/ Type	Date Date
	FEDERAL SHARE	+	NONFEDERAL	. SHARE	= TOTAL AMOUNT
— В.	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt
			13: 0		Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:				Allocated Activity of Event real to Sale
	Activity or Event Identifier:			Category/ Type	Date Date
	FEDERAL SHARE	+	NONFEDERAL		= TOTAL AMOUNT
c.	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event:
	Mailing Address		 	,	Administrative Fundraising Exempt Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		_\	T	Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:				
	Activity of Event Identifier.			Category/ Type	Date Nove / Constitution of the constitution o
	FEDERAL SHARE	+	NONFEDERA	L SHARE	= TOTAL AMOUNT
s	UBTOTAL of Allocated Federal and NonFederal	•	•		
	FEDERAL SHARE	1	NONFEDERA	∠SHARE	TOTAL AMOUNT
T	OTAL This Period (last page for each line only	v)(Federal of	a 27 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		are to 21/21/ii)
•	FEDERAL SHARE		NONFEDERA	L SHARE	TOTAL AMOUNT
				T U W	

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

, , , , , , , , , , , , , , , , , , , ,		FOR LINE	18b OF FORM 3X
NAME OF COMMITTEE (In Full)	<u>-</u>		
KEY STATES			
NAME OF ACCOUNT DA	TE OF RECEIPT	TOTAL AMOUNT TRAN	
BREAKDOWN OF THIS TRANSFER			·
i) Voter Registration		REGISTRATION	
Total Amount Transferred for Voter Reg	istration		
ii) Voter ID		VOTER ID	
Total Amount Transferred for Voter ID	1 "		
. \	the state of the s	GOTV	•
iii) GOTV Total Amount Transferred for GOTV	E		
Total Amount Transferred for GOTV		OFNICIO ON COLOR	MTV
iv) Generic Campaign Activity		GENERIC CAMPAIGN ACTIV	
Total Amount Transferred to Generic C	Campaign Activity		
NAME OF ACCOUNT	ATE OF BEGS		1055555
NAME OF ACCOUNT	ATE OF RECEIPT	TOTAL AMOUNT TRAN	
	- M / N D W D / Y Y Y		
\L	entingent the Court of the Cour		
BREAKDOWN OF THIS TRANSFER			
i) Voter Registration	VOTER	REGISTRATION	•
Total Amount Transferred for Voter Rec	gistration		
20. 1/2-1-15		VOTER ID	•
ii) Voter ID Total Amount Transferred for Voter ID.		and the state of t	
iii) GOTV	\ 6"	GOTV	
Total Amount Transferred for GOTV	\		
iv) Ganaria Campaian Astivity	\	GENERIC CAMPAIGN ACT	
iv) Generic Campaign Activity Total Amount Transferred for Generic 6	Campaign Activity		
TOTALS FOR BREAK	KDOWN OF TRANSFER RECI	EIVED (Last Page Only)	
TOTAL This Period (Voter Registration)	9 2 0 2 2		
TOTAL This Period (Voter ID)			
1			
TOTAL This Period (GOTV)			
, , , , , , , , , , , , , , , , , , , ,			
TOTAL This Period (Generic Campaign Activi	ity)		
	/		
TOTAL This Period (Total Amount of Transfer	rs Received)		
Table (Table Amount or Trapsie)		L. L. C.	1 -2-4
		·	

PAGE

OF ·

SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE OF
FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)	. :
KIEY (TATE)	
A. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:
A. Full Name (Last, First, Whoule Initial) / Full Organization Name	Voter Registration GOTV
NIA	Voter ID Generic Campaign
AAsiisa Address	Allocated Activity or Event Year-To-Date
Mailing Address	
City State Zip Code	Committee of The and considerate Discontinuous Records and Land
Purpose of Disbursement Category/ Type	Date
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:
S. Fall Hallo (east, First, Milade Milad) From Organization Hallo	Voter Registration GOTV
	Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
\	
City State Zip Code	the second transmitter control of the se
Purpose of Disbursement Category/	Date / Date
FEDERAL SHARE + LEVIN SHARE	= / TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Pull Organization Name	Type of Allocated Activity or Event:
C. Tuli Namo (Lusi, 1731, Middle Hillar) 7 Ten Organization Name	Voter Registration GOTV
	Voter ID Generic Campaign
Malla Address	Allocated Activity or Event Year-To-Date
Mailing Address	
City State Zip Code	
Burness of Bishursoned	
Purpose of Disbursement Category/ Type	Date
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
CURTOTAL of Charact Coderal and Louis Astricts This Div	
SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE	TOTAL AMOUNT
FEDERAL SHARE +/ LEVIN SHARE	TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share	
FEDERAL SHARE	TOTAL AMOUNT
LEVIN SHARE	
TOTAL This Period for the Levin Share	
Ment and the special property of the special property	FEC Schedule H6 (Form 3X) Rev. 05/2016

SCHEDULE L (FEC Form 3X) AGGREGATION PAGE: LEVIN FUNDS

NAME	OF COMMITTEE (In Full)		7
	KGY STATES	•	
NAME	OF ACCOUNT		
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS		
	(a) Itemized(Use Schedule L-A)		
	(b) Uniternized		
	(c) Total		
. 2.	OTHER RECEIPTS		
3.	TOTAL RECEIPTS		
	(Add Elites to said 2)	\	· · · · · · · · · · · · · · · · · · ·
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
	(a) Voter Registration		
	(b) Voter ID		
	(c) GOTV		
	(d) Generic Campaign	proving a second	
	(e) Total		
5.	OTHER DISBURSEMENTS		
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)		
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)		
8.	RECEIPTS(from Line 3)		
9.	SUBTOTAL(Add Lines 7 and 8)		
10.	DISBURSEMENTS		
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)		
	·		

SCHEDULE L-A (FEC Form 3X)

TOTAL This Period (last page this line number only).....

PAGE OF Use separate schedule(s) ITEMIZED RECEIPTS OF LEVIN FUNDS FOR LINE NUMBER: for each category of the 2 Aggregation Page (check only one) Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name [] Memo Item Date of Receipt Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer (for (ndividual) Aggregate Year-to-Date Occupation (for Individual) Full Name of Individual (Last First, Middle Initial) or Full Organization Name Memo Item Date of Receipt В. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer (for Individual) Aggregate Year-to-Da Occupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name [Memo Item Date of Receipt Mailing Address ipt this Period Amount of Each Re City State Zip Code Name of Employer (for Individual) Aggregate Year-to-Da Occupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Memo Item Date of Receipt Mailing Address Amount of Each Receipt this Period City Zip Code State Name of Employer (for Individual) Aggregate Year-to-Date Occupation (for Individual) SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS

PAGE OF FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 5 4a 4c 4b

Aggregation Page OF LEVIN FUNDS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Full Name (Last, First, Middle Initial) / Full Organization Name ☐ Memo Item Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name ☐ Memo Item B. Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name C. Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name ☐ Memo Item D. Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item E. Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only).....

c/o Robert P Visser, Esq. Key States

1025 Connecticut AVE, NW

Suite 1000

Washington, DC 20036

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FEDERAL ELECTION COMMISSION

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Washington, DC 20004 999 E Street, NW

Att: Christopher Morse

Federal Election Comm ENVELOPE REPLACEMENT PAGE FOR The FEC added this page to the end of this filing	INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail Postmarked	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date Next Business Day Delivery
Received from House Records & Registration	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked

PREPARER (3/2015)

1/12/17 DATE PREPARED